The earnings and income levels of blacks and Indians are substantially below those of whites. As Table 1 shows, of employed persons age 16+, median earnings for white males were about $12,000 compared to $8,000 for minority males, and $7,100 for white females compared to $6,000 for minority females. With these earning levels, only 10% of white persons but about 30% of minority persons were considered to be in poverty in 1979. Further, 20% of minority persons and 10% of white persons were 100-150% of the poverty level. Thus, one out of every two minority persons compared to one out of every five white persons lived below 150% of the poverty level, which in 1979 was set at $7,400 for a family of four.

In terms of family size and composition, minority families are generally larger and more likely to be headed by a female. The number of persons per family has declined for each racial group since 1970, but as shown in Table 1, the average family size is still higher for blacks (3.80) and Indians (3.88) than for whites (3.09). Further, over one-third of all black families and one-fifth of all Indian families but only one-tenth of all white families are headed by a female. On the average these families have a much greater chance of being in poverty, with minorities having a decidedly higher probability. As exhibited in Table 1, about 70% of all minority persons compared to 39% of all white persons in families with a female head lived below 150% of the poverty level. These economic differences are compounded by the fact that within female-headed families, a greater percentage of black families (21%) have children under age 18 compared to Indian (13%) or white (6%) families.

Altogether, the combination of the above socio-economic factors places minorities in an unfavorable position relative to whites. This unfavorable position puts added pressure on the social and health care systems to overcome these socioeconomic differentials in order to impact on the health disparities.

PREGNANCY AND INFANT HEALTH

Trends in Pregnancies

Defined as live births, fetal deaths, and legally induced abortions, pregnancy was selected as a key health statistics indicator because of the disproportionate adverse outcomes for mothers and children in minority and low socioeconomic groups. In 1985 there were 122,644 pregnancies to North Carolina residents, of which 67.2% were to whites and 32.8% to minorities. Table 2 shows the marked differentials in pregnancy rates by race between 1978 and 1985. The lower white rate has increased by 4.5% over the past 8 years, while the higher minority rate has declined 6.7%, thereby narrowing the racial gap from 52% higher for minorities than whites in 1978 to 36% higher in 1985.

The components of pregnancy have not all shown the same pattern. Tables 3 and 4 display trends in live birth and fertility rates by race. Using either rate, there has been a small rate increase for whites (about 2%), a large rate decrease for minorities (about 15%), and a reduction in the gap (about 16%). Still minorities continue to have higher birth and fertility rates. The higher fertility rates of minorities compared to whites suggest that their elevated birth rates reflect elevated childbearing as opposed to a higher proportion of women of childbearing age (8).

As shown in Table 5, the fetal death rates for both whites and minorities have declined considerably, with minorities declining at a much faster pace. Between 1978 and 1985, minorities experienced a 28% decline while whites experienced a 15% decline thereby narrowing the gap in death rates from 93% higher for minorities to 64% higher. Despite the disparity reduction from 1978 to 1985, the gap has fluctuated sharply each year since 1981 and the 1985 ratio was only 8.4% below the 1981 ratio.

Concerning abortions, both whites and minorities have experienced about a 15% increase in their rates (Table 6). These trends have meant a small change in the abortion rate gap, from being 71% higher for minorities in 1978 to being 74% higher in 1985. Of the three components of pregnancy, the largest racial disparity in 1985 occurred with abortions (ratio = 1.74 for abortions, 1.64 for fetal deaths, and 1.33 for live births).

Both whites and minorities are increasingly selecting abortion over childbearing once they become pregnant. The increased selection by minorities is particularly noteworthy since it dispels a common belief that minorities are **less** likely than whites to choose abortion as a pregnancy alternative. As evidenced by the abortion fraction which is the number of reported abortions per 1,000 reported pregnancies, minorities in 1985 were 19% more likely than their counterparts in 1978 to choose abortion over childbearing (Table 7). Whites in 1985 were only 2.8% more likely than their 1978 counterparts to choose abortion. Moreover, in 1978 minorities had an abortion fraction only 1.1 times that for whites. By 1985, their fraction was 1.3 times that for whites, a 16% increase in the disparity. The 1985 gap represents the third consecutive year that the disparity has widened to reach a new high.

Teenage Pregnancy

Of all health events, adolescent pregnancy is probably one of the most disturbing. Compared to women in their twenties, adolescents are at higher risk of various complications of pregnancy such as toxemia and prolonged labor and are more likely to deliver infants weighing under 2500 grams at birth (8). Low birthweight has been linked with increased mortality and with developmental problems